



JOINT LEGISLATIVE OVERSIGHT COMMITTEE
ON HEALTH AND HUMAN SERVICES

NC Department of Health and Human Services

Division of Health Service Regulation's Investigation of Pine Ridge Nursing Home

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Regulation

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Background

- **Pine Ridge is one of 439 nursing homes regulated by Division of Health Service Regulation (DHSR).**
- **429 (including Pine Ridge) are also federally certified by the Centers for Medicare and Medicaid Services (CMS).**
- **Being federally certified means facilities must follow NC's licensure laws and rules AND all federal laws and rules.**

Background (continued)

- **DHSR is the federally designated state survey agency and performs its regulatory work in federally certified facilities pursuant to CMS' requirements.**
- **Work in federally certified facilities is directed by CMS. DHSR is required to follow CMS' requirements in how complaints are triaged and how investigations are conducted.**
- **DHSR surveyors, consisting of nurses, social workers, dietitians, and pharmacists, complete extensive training before surveying independently**
- **CMS uses DHSR's work to impose enforcement on a facility. CMS' enforcement ranges from civil monetary penalties up to and including termination.**

Pine Ridge – DHSR’s Initial Response

January 16 through early hours of January 17, 2022

- Davidson County DSS Director contacted DHSR with urgent concerns regarding operations and staffing at Pine Ridge.**
- DHSR determined local and State emergency management officials were on site with local law enforcement, fire department, and EMS.**
- DHSR contacted regional Healthcare Coalition, which dispatched two nurses and a paramedic who arrived that night.**

Pine Ridge – DHSR’s Initial Response

January 16 through early hours of January 17, 2022

- DHSR spoke with corporate leadership, including the regional vice president of the corporate owner of Pine Ridge, throughout the night. Early Monday morning, January 17th, onsite corporate representatives informed DHSR that additional staff had arrived or were enroute.**
- DHSR arrive on site Monday morning to determine whether conditions were safe for residents and to begin a complaint investigation.**
- DHSR (and subsequently CMS) engaged corporate leadership to determine ability to ensure adequate staffing on an ongoing basis and in event of a future emergency.**

DHSR's Investigation

- **DHSR investigation included:**
 - **89 interviews including nursing home residents, local law enforcement, local officials, emergency management responders, nursing home staff and listening to 911 calls from residents of the facility**
 - **Significant review of resident medical records including assessments, care plans and medical documentation of the care**
 - **Review of the facility's emergency preparedness plan**

Results of DHSR's Investigation

The report regarding DHSR's investigation will be available to the public on our website once the facility's Plan of Correction is accepted. DHSR's investigation found:

- 13 areas of deficient practice identified during the investigation.**
- Eight of these deficient practices were serious enough to be cited at the immediate jeopardy level (IJ).**
- Noncompliance cited at the IJ level is the most serious deficiency type, carries the most serious sanctions and requires the provider to take immediate action to avoid future serious harm.**

Investigation Results (continued)

The areas of noncompliance at the severity level of Immediate Jeopardy:

- Emergency Preparedness
- Freedom from abuse, neglect, and exploitation
- Quality of Life - ADL Care Provided for Dependent Residents
- Quality of Care - Free of Accident / Hazards / Supervision / Devices
- Nursing Services - Sufficient Nursing Staff
- Food and Nutrition Services - Sufficient Dietary Support Personnel
- Administration
- Administration - Governing Body

Investigation Results (continued)

These additional areas of noncompliance were also found in the investigation:

- Resident Rights**
- Resident Rights Notify of Changes (Injury/Degrade/Room, etc.)**
- Resident Rights - Safe/Clean/Comfortable/Homelike Environment**
- Food and Nutrition Services - Frequency of Meals/Snacks at Bedtime**
- Quality of Care**

Emergency Preparedness Requirement

- **The nursing home must establish and maintain an emergency preparedness (EP) program that meets the state and federal requirements. The emergency preparedness program must include, but not be limited to, the following elements:**
 - **Emergency Plan**
 - **Policies and Procedures**
 - **Communications Plan**
 - **Training and Testing**

EP Requirement (continued)

- **Emergency Plan**: The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually
- **Policies and Procedures**: Develop policies and procedures for the plan above and review and update them annually
- **Communication Plan**: Develop and maintain an emergency preparedness communication plan and review and update at least annually.
- **Training and Testing**: Training at least annually and exercises to test the plan at least twice a year.

Findings Related to Emergency Preparedness

- **Investigative findings show Pine Ridge failed to enact the facility emergency preparedness plan which impacted all residents during a declared state of emergency involving inclement weather.**
- **As a result, 98 residents were left in the care of one Licensed Practical Nurse (LPN) and two Nursing Assistants (NAs) starting at 2:00 PM on 1/16/22.**
- **This inadequate staffing resulted in citations in multiple areas.**

Current Status at Pine Ridge

- **Pine Ridge provided DHSR with credible allegations of IJ removal, and by an onsite visit, DHSR validated the facility had implemented those measures.**
- **With respect to the noncompliance that did not arise to the severity level of an IJ, the facility has provided DHSR with a Plan of Correction (POC).**

Current Status (continued)

- **After DHSR's review and acceptance of the facility's POC the full report will be posted online.**
- **DHSR will go back onsite with an unannounced visit to determine whether the facility is back in compliance.**
- **Significant changes at the facility since this incident include the facility's suspension of the administrator and the director of nursing who were employed at the facility when this incident occurred.**

Enforcement Status

- **CMS has notified the facility of the enforcement action it is taking based on DHSR's investigative work. That enforcement action includes:**
 - **CMS' denial of payment for new admissions effective March 9th**
 - **Imposition of civil monetary penalties until the facility achieves substantial compliance**
 - **Potential termination of the facility's Medicare Participation Agreement if facility fails to achieve substantial compliance within six months**

Enforcement Status (continued)

- **The penalties imposed due to the immediate jeopardies ended on the date the IJs were removed.**
- **However, many of the penalties that CMS has imposed continue to accrue until the date facility achieves substantial compliance.**
- **Also, the CMS Denial of Payment for New Admissions that became effective March 9th continues until the facility achieves substantial compliance.**